FORM D

SIGNED COPY

UNITED STATES

ECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response.....16.00

SEC USE ONLY
Prefix Serial
DATE RECEIVED

16201

Name of Offering ( check if this is an amendment		
Deep Basin 2006 Drilling Program, L.P. Interesting Under (Check box(es) that apply):  Rule		) [] ULOE
Type of Filing: New Filing Amendment	sor rene sos rene sos section 1(o	
	A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer		06047397
Name of Issuer ( check if this is an amendment a	nd name has changed, and indicate change.)	
Deep Basin 2006 Drilling Program, L.P.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
905 South Fillmore, Suite 530, Amarillo, TX 79	101	(806) 374-0071
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) 905 South Fillmore, Suite 530, Amarillo, TX 79	101	(806) 374-0071
Brief Description of Business	101	1(000) 01 1 001 1
Drilling of oil and gas properties		
		PROCESSED
Type of Business Organization	<u> </u>	
	partnership, already formed other (	please specify): SEP 2 9 2005
- Justiness trust - Infilted	*	· ·
Actual or Estimated Date of Incorporation or Organiza	Month Year ntion: 0 5 0 6 ✓ Actual Esti	THOWSON FINISHED
Jurisdiction of Incorporation or Organization: (Enter		
CN f	or Canada; FN for other foreign jurisdiction)	
OCHER AT INCOMPLICATIO		

GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC IDI	ENTI	ICATION DATA				
2. Enter the information re	•	J						
•		uer has been organized w		-				
		-		•				s of equity securities of the issuer.
		f corporate issuers and of	corpo	rate general and man	aging	partners of	partne	ership issuers; and
<ul> <li>Each general and n</li> </ul>	nanaging partner o	f partnership issuers.		•				
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director	Z	General and/or Managing Partner
Full Name (Last name first, i Canyon Exploration Co.	f individual)							
Business or Residence Addre 905 South Fillmore, Suite	•	Street, City, State, Zip Co TX 79101	ode)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z	Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)							
Barton, William R.								
Business or Residence Addre		Street, City, State, Zip Co X 79101	ode)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z	Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, i Weems, Johnny	f individual)							
Business or Residence Addre		Street, City, State, Zip Co	ode)				,	
Check Box(es) that Apply:	Promoter	Beneficial Owner	[7]	Executive Officer	7	Director		General and/or
		beneficial owner			<u>Z</u>			Managing Partner
Full Name (Last name first, i Strickland, Randy	t individual)							
Business or Residence Addre	cc (Number and	Street, City, State, Zip Co	ode)					
905 South Fillmore, Suite	`							
Check Box(es) that Apply:	Promoter	Beneficial Owner	V	Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, i Barton, W. Bryan	f individual)							
Business or Residence Addre 905 South Fillmore, Suite			ode)					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	$\square$	Director		General and/or Managing Partner
Full Name (Last name first, i Graham, Greg, as Truste		Voting Trust						
Business or Residence Addre 905 South Fillmore, Suite	•	•	ode)					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, i Smith, Alfred J.	f individual)	· · · · · · · · · · · · · · · · · · ·						
Business or Residence Addre 905 South Fillmore, Suite		Street, City, State, Zip Co TX 79101	ode)					
·	(Use bla	nk sheet, or copy and use	additi	onal copies of this sl	heet,	as necessary	<sub>(</sub> )	

			ASIC IDENTI	FICATION DATA			
2. Enter the information re		-					
<ul> <li>Each promoter of t</li> </ul>	he issuer, if the iss	suer has been or	ganized within	the past five years;			
<ul> <li>Each beneficial own</li> </ul>	ner having the pow	er to vote or disp	pose, or direct th	ne vote or disposition	of, 10% or more of	f a clas	s of equity securities of the issuer.
<ul> <li>Each executive off</li> </ul>	icer and director o	f corporate issue	ers and of corpo	orate general and mar	naging partners of	partne	ership issuers; and
<ul> <li>Each general and n</li> </ul>	nanaging partner o	f partnership is:	suers.				
Check Box(es) that Apply:	Promoter	Beneficia	at Owner [	Executive Officer	✓ Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)						
Tunnell, Jack D.	i marridan)						
Business or Residence Addre	ss (Number and	Street City Str	ate Zin Code)				
905 South Fillmore, Suite			ite, zip code,				
Check Box(es) that Apply:		Beneficia	d Owner 🖂	Executive Officer	✓ Director		General and/or
	Promoter	Belieficia	ar Owner	Executive Officer	✓ Director	Ц	Managing Partner
Full Name (Last name first, i	f individual)						
Manz, Terry K.							
Business or Residence Addre	ss (Number and	Street, City, Sta	ate, Zip Code)	,			
905 South Fillmore, Suite	e 950, Amarillo,	TX 79101					
Check Box(es) that Apply:	Promoter	Beneficia	al Owner [	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)					-	
Bradley, Edward W.							
Business or Residence Addre	ss (Number and	Street, City, Sta	ate, Zip Code)				
905 South Fillmore, Suite			, ,				
Check Box(es) that Apply:	Promoter	Beneficia	al Owner	Executive Officer	✓ Director		General and/or Managing Partner
Full Name (Last name first, i Smith, David H.	f individual)						
Business or Residence Addre 905 South Fillmore, Suite	,	Street, City, Sta	ate, Zip Code)				
Check Box(es) that Apply:	Promoter	Benefici	al Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)						
Business or Residence Addre	ss (Number and	Street, City, Sta	ate, Zip Code)				<del></del>
Check Box(es) that Apply:	Promoter	Beneficia	al Owner 🔲	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)						
Business or Residence Addre	ss (Number and	Street, City, St.	ate, Zip Code)				·
Check Box(es) that Apply:	Promoter	Benefici	al Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)						
Business or Residence Addre	ss (Number and	Street, City, St.	ate, Zip Code)				
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				3 ( 3 )	В. п	NFORMAT	ION ABOU	T OFFERI	NG	148 & A &		er er	
1.	Has the	issuer solo	l, or does th			ll, to non-a Appendix				•		Yes	No <b>x</b>
2.	What is	the minim	um investm					_			***************************************	\$_20,	00.00
3.			permit joint									Yes	No
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ion request ilar remune ted is an ass ame of the b you may so	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchase nt of a brok ore than five	ers in conne ter or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in the EC and/or	ne offering. with a state		
	I Name (I ot Applica		first, if indi	ividual)									
			Address (N	umber and	d Street, Ci	ty, State, Z	Lip Code)						
	- C A		oker or Dea										
Nai	me of Ass	sociated Br	oker or Dea	aier									
Sta			Listed Has										
	(Check	"All States	or check	individual	States)		***************************************	••••		••••••		☐ AI	l States
	AL IL MT	AK IN NE SC	[AZ] [IA] [NV] [SD]	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (l	Last name	first, if indi	vidual)					<del></del>				
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Nai	me of Ass	sociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)	.,	***************************************	****************	<b></b>			☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (	Last name	first, if indi	vidual)		,							
Bu	siness or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)				·		
Nai	me of Ass	sociated Br	oker or Dea	aler					_ <del></del> ,		<del>~</del> · · · · · · · · · · · · · · · · · · ·		<u> </u>
Sta			Listed Has										
	(Check	"All States	s" or check	individual	States)	·····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		•••••••	•••••••		l States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C: OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

١.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	· I	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	Common Preferred		
	Convertible Securities (including warrants)		
	Partnership Interests	\$ 1,490,000.00	<b>\$ 1,490,000.00</b>
	Other (Specify)		
	Total	\$ 1,490,000.00	<b>\$</b> 1,490,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	;	Aggregate Dollar Amount of Purchases
	Accredited Investors		s 1,490,000.00
	Non-accredited Investors	<del></del>	\$
	Total (for filings under Rule 504 only)		•
	Answer also in Appendix, Column 4, if filing under ULOE.		<u> </u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	X	\$ <u>21,750.00</u>
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Blue Sky Fees	🔯	\$750.00
	Total	X	\$22,500.00

	.C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF I	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$ 1,467,500.00
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate		□ \$	
	Purchase, rental or leasing and installation of mac and equipment	hinery	\$	
	Construction or leasing of plant buildings and fac			
	Acquisition of other businesses (including the val offering that may be used in exchange for the assessuer pursuant to a merger)	ets or securities of another		□ \$
	Repayment of indebtedness			
	Working capital		_	
	Other (specify): Organizational costs			
	Property acquisition costs			X 117,400.00
	Drilling and completion costs			S 1,247,375.00
	Column Totals		<b>∑</b> \$ 73,375.00	<b>∑</b> \$ 1,394,375.00
	Total Payments Listed (column totals added)			<u>467,500.</u> 00
7.4		D. FEDERAL SIGNATURE		
The	issuer has duly caused this notice to be signed by the adure constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	undersigned duly authorized person. If this notice nish to the U.S. Securities and Exchange Commi	e is filed under Ru ssion, upon writte	le 505, the following
Iss	er (Print or Type)	Signature	Date	
	ep Basin 2006 Drilling Program, L.P.	Ceut Vanto	September 8, 2	006
	CC: The Trans	Title of Signer (Print or Type)		
Na	ne of Signer (Print or Type)	I true of Signer (Frant or Type)		

## - ATTENTION ---

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)